

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RTSC-2016-52T-264531
2013-177T-264530
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013-177-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sarah Wilson-DLR
Address: 2015 Tuskegee Street
Savannah, GA
31405

Telephone: 912-233-2150
Fax: 912-335-7278
Other: 912-484-0322
Email: sandsharters@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

MAY 20 2016

PSC SC
MAIL / DMS

CLASS C REINSTATEMENT FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
--	--

DATE: 5/20/2016

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
☐ Charter Certificate Number _____
☒ Charter Bus Certificate Number 0336
☐ Non-Emergency Certificate Number _____
☐ Stretcher Van Certificate Number _____

RECEIVED
 MAY 20 2016
 REGISTRATION
 DIVISION

My certificate was revoked/cancelled on 4/27/2016 because Our Insurance
 (DATE)
Information did not reach your office on time!

I am seeking reinstatement because Our Certificate was cancelled due
to lack of Insurance

Sarah Wilson-ORL DBA JTS Charter Service
 (Name of Company) (if applicable)

2015 Tuskegee Street Same
 (Street Address) (Mailing Address if different from Street Address)

Savannah, GA 31405 Sarah Wilson-ORL
 (City, State, Zip Code) (Signature)

912-233-1250 Owner
 (Telephone Number) (Title) Owner, President, etc.